

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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## HOW SHALL THE DOCTOR MAKE MORE MONEY?

During the last session of the Kentucky legislature it may be remembered that there was a bill introduced to place the fees of doctors on the list of preferred claims now allowed by the statute. It was signally defeated—smothered in committee indeed, and upon which a doctor was serving. Dr. Singleton, of Paducah, who had originated the petition to the legislature, had spent much time in obtaining signatures to it, and attended in person to look after its interests in Frankfort, was of course much chagrined at its failure. He declared that it was the ambition of his life to do something for the material welfare of his profession. Whether the bill in question would have effected this to any extent we do not stop here to discuss. We believe, in fact, that it would have been a very important measure of relief; but we consider the concern of Dr. Singleton in regard to the material welfare of the profession as exceedingly creditable to him, and the desire expressed as being worthy of the ambition of any doctor within the fold. To conquer pain, to alleviate suffering, to resist death, and such like humanitarian offices, are part and parcel of the doctor's existence. They are inseparable from his art. There is no need to spur medical men to better work in these directions. Without such ambition they cease to be doctors. But it may even happen, and it does happen, that in the struggle for humanity in general the

physician may overlook that very important part of it which lies within his own guild. Else why is it that the world in general deals with the doctor as it does? He certainly has an important work to do. Judged apart from himself, every one will acknowledge that—but his reward seems poor. Principally, we might say, it is taken out in such coinage as the testimony of a good conscience and the consciousness of duty done—legal tenders, no doubt, at the bar of Heaven, but at terrible discount at the block of the butcher or over the counter of the confectioner. In a hundred physicians of any locality seventy are not receiving wages which would reward the humblest artisan; and the gains of those who are supposed to be prosperous are no doubt grossly exaggerated. Not the clergy are so ill paid as the ordinary doctor. The fact is, when we leave out of view the successful ones, which are dotted about here and there, and take into consideration what medicine is, what singularly vast interests it has in charge, and take an inventory of its worldly goods, it might be declared to be a king in tatters.

Such is the state of affairs; but what is the remedy? Unfortunately, like so many other topics connected with medicine, it is easier to describe the pathological condition than to indicate the therapeutics. But we ought to try and find a cure for this evil, and no doctor's ambition can be spurred to more noble ends. It is the beginning of a new year, when the mind naturally turns to plans of improvement, and the question before us is one in which the vast majority of our readers have a direct personal interest; and it has occurred to us that, if

thrown open for general discussion, points of much value may be obtained. So we invite communications upon the thesis, What will increase the material prosperity of doctors? The discussion of the theme will of course involve the consideration of many subsidiary points. Prominent among these will be the vastness of the army which has to divide the rations of medicine. How are we to get rid of the overplus by other method than the slow process of starving? How are we to prevent ambitious schools from crowding the ranks beyond the power of pestilence to thin? Which promises to be the most successful bar against admission—an educational, pecuniary, or legal standard? And the army being formed, does it fight in proper lines and under proper regulations? Are the officers to be trusted? Are they or are they not satisfied with getting the choicest spoils, and do they not exact discipline for selfish ends? Is or is not the Code a humbug—a mighty tower for the strong and a snare for the weak? Or, dropping the military and coming down to ordinary life, would or would not medicine be benefited in dignity as well as in worldly goods by putting it on a mere commercial basis?

It is easier to suggest than to make reply, and yet we know that he who reads this will say, What do you think about the matter? If we can not escape an answer, we shall at any rate, until we hear from the country, be oracular. The NEWS is always an optimist in its beliefs. It believes that the respectability of poor medicine is great—that of rich medicine somewhat greater; that if it suffers its present ills, it has only itself to thank for it; that if many of its followers have an unhappy lot, not every one deserved a better fate. To think that helping oneself does not prevent God from helping him is to cast no slur upon the efficacy of prayer. It has not observed that it is a habit of the rich and great to lie awake much of their time planning methods by which others may share their fortune. So it believes that relief is to come from the ranks of medicine;

that a profession knowing what it wants, and united in obtaining it, can effect any thing in reform of laws or social customs which lie in the way of its material growth.

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MITCHELL DISTRICT MEDICAL SOCIETY OF INDIANA.—This society held its twenty-second meeting at Seymour on December 21, 22, and 23, 1880. There was a very fair attendance from all parts of the State, as well as from neighboring States. Eleven papers were read and discussed, and considerable enthusiasm shown for the welfare of the society. An entertaining microscopical seance was given by Drs. Gardiner, of Bedford, Oppenheimer, of Seymour, Burton, of Mitchell, and Sloan, of New Albany. The paper by Dr. Easley, of New Albany, published in this week's NEWS, elicited an interesting and lengthy discussion. It will be perused with pleasure and profit by the readers of the NEWS. Other papers will also be published in these columns from the District Society.

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### Original.

#### HYDRATE OF CHLORAL IN TREATMENT OF TETANUS AND PUERPERAL CONVULSIONS.

BY E. P. EASLEY, M.D.\*

In the brief paper which I shall present to your society this morning I shall confine myself exclusively to the *treatment* of tetanus and puerperal eclampsia, and not consume your time with an elaborate description of their etiology and pathology, copied from the text-books, which you all have read time and again.

As far as the indications for treatment are concerned, it matters little whether the former is produced by a rusty nail in the foot, a pistol shot in the hand, or by an incised wound of any part of the body; or whether the latter is due to uremia, anemia, plethora, protracted labor, or to any of the other supposed causes. It is *the violence of the spasm that kills*, and to its mitigation

\* Read before the Mitchell District Medical Society at Seymour, Ind.

must your efforts be directed if you would save your patients.

The agent which I have relied upon for the past five or six years to accomplish this object is hydrate of chloral. During the past five years I have treated with this remedy two cases of traumatic tetanus and five cases of puerperal convulsions with a successful result in every case. I am not sanguine enough to believe that every case of tetanus or eclampsia can be cured by even bold and heroic doses of chloral. Many cases must necessarily succumb to the violence of the convulsions. But I do believe that if chloral were as universally and as intelligently used in these diseases as quinine is in the malarial diseases, their present per cent of mortality would be lessened one half. These diseases admit of no dillydallying—no expectant treatment. They must be met promptly and heroically. We must determine at once what to do and do it boldly, or our efforts will be futile in the majority of cases.

In a case of tetanus I administer ten, fifteen, twenty, or thirty grains of chloral, according to the age of the patient, every two, three, four, or five hours, as the severity of the spasm requires, alternated with one fifth, one fourth, one third, one half, or three fourths of a grain of morphia by the mouth or hypodermically, and continue it faithfully for days and weeks until the disease begins to decline, when I decrease the dose gradually till the patient no longer requires it.

In puerperal eclampsia, if the patient can swallow, I give thirty grains of chloral by the mouth, and twenty grains more in an hour if the convulsion returns; or if she is unconscious, as is most generally the case, I administer sixty grains per rectum, and repeat the dose in two hours if necessary. Usually a dram used in this way is all that is necessary to prevent a return of the spasm and to induce a natural and refreshing sleep, from which the patient will awake in five or six hours perfectly rational and safe, and surprised to hear that her labor is over. I use an ounce of sweet milk as a vehicle for the chloral, and inject it into the bowel with a Davidson, Mattison, or any other ordinary syringe.

This, gentlemen, in brief is my treatment for these formidable diseases—simple, rational, effective. But let me report briefly the two cases of tetanus, and then of the five cases of eclampsia thus treated.

CASE I.—In February, 1877, G. H., age nineteen, cut his foot with an ax. Ten days

after tetanus supervened. I gave him twenty grains of chloral every four or six hours, and one fourth to three fourths grain of morphia hypodermically three or four times daily for a month. He recovered, but with some deformity, which is gradually disappearing.

CASE II.—In July last, R. G., age fourteen, shot himself through the first phalanx of the little finger of right hand. In a few days stiffness of the muscles of mastication appeared, and a few days subsequently he was as rigid as a frozen cadaver. His urine for ten days had to be drawn off with a catheter. During the greater part of his illness he could not cover the bulb of the thermometer in the axilla, so great was the rigidity of the muscles in that region. I gave him ten grains of chloral alternated with one fifth of a grain of morphia every three to six hours for six weeks. He recovered, but like case first, with some little deformity, which, however, is rapidly disappearing.

The cases of eclampsia are as follows:

CASE I.—Mrs. B., age nineteen, primipara, in May, 1878, after an ordinary labor of several hours, with the os fully dilated, was seized with a terrible convulsion. As soon as I could procure it (in ten minutes probably), I threw into the rectum one dram of chloral, sent for the forceps, and delivered her at once. The spasm returning, I repeated the dose, the patient soon fell into a quiet sleep, which lasted six or eight hours, when she awoke to consciousness and to safety.

CASE II.—Mrs. S., age eighteen, primipara, in August, 1879, three hours after delivery by midwife, was attacked by convulsions, which recurred every thirty minutes, and increased in severity with each recurrence for four hours, when I was called to see her. I gave her at once sixty grains of hydrate of chloral by the rectum. Three hours afterward she had another light seizure. She was then given twenty grains by the mouth, after which she slept for six hours, and upon waking expressed great surprise that she was a mother.

CASE III.—Mrs. B., age twenty, primipara, in July, 1880, eight hours after an easy and natural delivery by my friend Dr. Cannon, was seized by an eclamptic fit. We saw her together about an hour afterward, and found her unconscious with stridulous breathing. We administered per rectum the "regulation" dose—sixty grains of chloral. There was no return of the spasm, and the patient did well.

I wish to say in conclusion that while I regard chloral as one of our most active and certain remedies, I consider its range of applicability very limited. There are few diseases in which it is indicated or beneficial; and while I have administered it to the infant and to the octogenarian (if not always with benefit, certainly with no bad result), I have always given it with fear and trembling.

NEW ALBANY, IND.

### A SUBSTITUTE FOR THE TAMPON.

BY WILLIAM T. CARTER, M.D.

If any one has honored me by beginning to read this short article I hope he will follow me far enough to ascertain that I am not trying to foist a new term or a new instrument upon gynecology, for it has a vocabulary and armamentarium that are already well filled by those who make a specialty of this art. I write simply for the purpose of calling attention to a procedure which will, I trust, prove serviceable in some emergency when less objectionable means have failed. No one is more unwilling than I to subject a woman to a digital or ocular examination of any unexposed portion of her person. Especially am I loath to inflict such shame and mortification upon the young and unmarried; and I therefore always try to have the patient make all necessary vaginal applications and appliances herself if she can efficiently do so.

By reference to the history of the last of the two cases here given I am able to cite one patient at least who succeeded, after a little instruction, in staunching what appeared to be an alarming menorrhagia. In cases similar to this one the tampon is generally used, for ergot and cold applications had been resorted to in vain.

In the fall of 1878 Mrs. E. Wigfall was taken violently ill with uterine pains. Unable to find me, her husband called Dr. W. W. Senteney. Learning that I was Mrs. W.'s physician, the doctor left a note handsomely declining to treat her, and placed her under my care. I saw her in the forenoon of the second day after she was taken sick, and found her resting quietly under the influence of an anodyne. She had not menstruated for seven weeks; had been married three years, but had never conceived. Her menses came on that night, and were followed by an amelioration of her pain and other symptoms. The next day a messenger was dispatched in haste for me. As soon as

I arrived she exclaimed, "Doctor, my sickness has come on me and I am dying—I am flooding to death." Her female friends had her propped up in bed and were busily fanning and dashing water in her face to revive her, for she often swooned. Her blanched, bloodless face and feeble pulse told all too plainly that her fears were well grounded. As quickly as possible she was placed in the recumbent position and the usual examination made. The os and cervix were hard and considerably elongated. The uterus was so low in fact that by pressing upon the hypogastrium with the left hand I easily compressed the os tincæ between the index finger and thumb of the right hand, thus effectually checking the hemorrhage for the time being. If a strong rubber ring had been convenient I think I could have put it in the cervix, and by closing the canal it would probably have controlled the discharge until there was danger of its producing strangulation. So great was her exhaustion and depression that I did not feel justified in removing my hand until I could replace it by something equally as efficient. My fingers grew tired and were relaxing from fatigue. In this crisis I took from my pocket a bougie (size No. 8), and had a thread passed through it about a quarter of an inch from its point. With this thread a conical pellet of cotton was securely fastened around the bougie where it was pierced. It was then passed to the right hand, the point carefully introduced and gently forced up until the shoulder of cotton was securely impacted in the os, entirely preventing any further loss of blood. Once during the succeeding night uterine pains coming on she removed the bougie, but the hemorrhage appearing she successfully readjusted it again. To keep the instrument in position the lower end should be attached to the thigh with a small tape or ribbon.

The second and last patient on whom I used the bougie as a tampon was a young widow. During her married life she had suffered one abortion, but since that time had enjoyed moderately good health. In one of her regular menstrual periods the discharge became so great that she was constrained to ask medical advice. Failing to derive the desired benefit from ergot and cold applications, I explained to her how I intended to use the bougie. She said she could adjust it herself if I would allow her to do so. One was prepared as in the first case, and she easily inserted it with the happiest effect.



I am aware that it is not always an easy matter to introduce a bougie into the cavity of the uterus, but during a hemorrhagic discharge the os is more or less dilated by the passage of blood and clots, and the point can be inserted far enough to be retained in position without the least difficulty.

LOUISVILLE.

## Reviews.

**A Treatise on Diphtheria.** By A. JACOBI, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York; Physician to Bellevue, Mount Sinai, and the German hospitals; etc. New York: William Wood & Co., 27 Great Jones Street. 1880. For sale by John P. Morton & Co., Louisville.

This learned essay is divided into nine chapters, as follows: History, Etiology, Manner of Infection, Contagion and Incubation, Symptoms, Anatomical Appearances, Diagnosis, Prognosis, Treatment.

The parasitic origin of diphtheria is scouted by Professor Jacobi. He says, "I can not look upon the bacteria epidemic in the medical journals, particularly in Germany, with the hasty conclusions and gratuitous assumptions of scores of experimenters and writers, as any thing but a calamity, which, I trust, is but temporary." Not only the journals but the most of book-makers and teachers, and probably a majority of the practitioners in Europe and America, have embraced this plausible heresy. Fortunately it does not do any hurt. It is a violent, widespread, but harmless lunacy. The only characteristic sign of diphtheria, the author says, is the diphtheritic membrane. Temperature is of no diagnostic value because of its variability in different cases, and it is equally unreliable in prognosis. Its mortality, he thinks, is overrated; that the majority of cases are mild, ten per cent being a high death-rate, and in many years it does not rise above five per cent; but, he says further, as far as each individual case is concerned, there is hardly a disease in which the prognosis is more uncertain. Its treatment, he says, should be on general principles, and that it is not possible to lay down any routine treatment. The symptoms must be treated, and treated promptly and boldly. Nourishment is of great moment. The expectant treatment must not be indulged in. The philosopher, he says, may be a possible spectator; the physician must be a guardian.

L. P. Y.

## Books and Pamphlets.

**ON THE DIAGNOSIS AND TREATMENT OF RUPTURED BLADDER.** By Christopher Heath, F.R.C.S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital. Read February 25, 1879. From Vol. LXII of the Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society, London.

**SCIENCE: A Weekly Record of Scientific Progress.** Illustrated. Vol. I, No. 24, December 11, 1880.

This is a publication in every way respectable and does credit to its editors.

**MEDICINAL ERUPTIONS.** By Arthur Van Harlingen, M.D., Chief of the Skin Clinic, Hospital of the University of Pennsylvania. Reprint from Archives of Dermatology, October, 1880.

This is an exhaustive treatise on an interesting and important subject. The author has collected reports of eruptions from the following remedies: Arsenic, atropia, bromine, chloral, cubebs, copaiba, cinchonia, iodine, mercury, morphia, opium, quinia, salicylic acid, santonin, strychnia, tar, carbolic acid, turpentine, rosin, petroleum, phosphoric acid, digitalis, cannabis indica.

L. P. Y.

**CASE IN WHICH VARIOUS FOREIGN BODIES WERE INSERTED INTO THE BRAIN WITH SUICIDAL INTENT, AND RETAINED THERE FOR SEVERAL MONTHS.** By Wm. B. Carpenter, Attending Physician to the Kansas State Prison. Extract from the American Journal of the Medical Sciences for April, 1876.

The report of this rare and interesting case concludes as follows:

This man was strong, healthy, vigorous, intelligent, well informed, witty; and of kind, social qualities to the last; having a fine, manly figure, a well-developed brain—weighing, after drainage of the first extreme congestion, fifty-six ounces.

The following are the dimensions of bodies which had been inserted in the brain: First wire, four and three fourths inches in length; second wire, three and seven eighths inches; third wire, six and three fourths inches. Wire removed from middle lobe, two and one sixteenth inches; wire removed from the anterior lobe, two and three eighths inches; nail removed from anterior lobe, two and one fourth inches; needle removed from middle lobe, one and five eighths inches.

He finally died of an overdose of chloral.

**THE INVENTION OF SPECTACLES.**—Dr. Gori recently presented to the Institute of France a printed bill of D. Chorez, spectacle-maker of Paris, dated 1625, in which he describes binocular spectacles, of which he offers a pair to the king (British Medical Journal). Hitherto the invention of binocular spectacles has been attributed to Antoine-Marie Schyrle, a Bohemian capuchin friar, born in 1597, and who died at Ravenna in the year 1660.

## Pharmaceutical.

### GOOD WHISKY AND BAD.

The Bourbon Whisky of Kentucky.

At no time has the question of stimulants in health and disease attracted so much attention as during the past few years. In England, especially, many master minds in the profession have expressed opinions upon the subject, and the matter has been viewed in almost every possible light. It is not our purpose here to enter into any argument as to whether stimulants are necessary to the well or sick, but to discuss a very important phase of the question which in America has not received that attention from the medical press which its merits deserve. We take it for granted that alcohol in some shape will always be administered to the sick; that its abuse and not its use may be abandoned. We are fully alive to the moral aspects of the question, and unreservedly advise teetotalism to those who by nature can not drink in moderation, and perpetual care in prescribing a remedy so potent for good and evil. We consider it a very plain fact that well people have seldom a need for stimulants; that for such they are simply luxuries, and are innocent or harmful just as temperance is exercised in their indulgence. But we must think it equally clear, in spite of what Richardson and his splendid coadjutors have so attractively declared, that teetotalism in medicine will always have, and ought always to have, a limited following. The influence of alcohol in phthisis and in other wasting diseases, in blood-poisons, indeed alcohol in some stage or other of most of the ills which destroy human life or make it miserable, is too patent to the ninety-nine common-sense practitioners for their belief to be shaken, however much they may be interested by the theories of the hundredth philosopher.

The sick are going to have alcohol in some of the shapes in which it is drunk, and a matter of the first importance is that the liquors administered to them be genuine and good. The possibility, or indeed the probability, of their not obtaining these has not generally been considered by doctors as it should be done. The physician orders good brandy, good whisky, good wine, etc., and leaves it to the patient's attendants to find them as they may. Some may possess the facility or the knowledge necessary to get genuine liquors, but the vast majority,

even among the intelligent, do not. The source for such supplies is ordinarily the neighboring drug-store, and their criterion of quality is the printed label, "For medicinal purposes." It never enters their minds that the exigencies of trade may make one impose even on the sick and helpless. But they do; and probably there are no inscriptions generally so false as those displayed upon the bottled liquors to which we have referred, unless it be upon the many tombstones, to which they are so closely akin.

One of the most general and useful forms in which alcohol is given to the sick is that of whisky. It has had its share of adulterations; indeed, on account of its immense demand, probably more than any other alcoholic drink. We propose to show how genuine and good whisky is made, and what are the poisonous compounds which pass under that name; also to call attention to the celebrated whisky of Kentucky, and to show how this may be obtained in its full purity.

The London Medical Examiner some time since, in the course of its food reports, called attention to the manufacture and adulterations of Irish whisky in a manner which proved of immense benefit to those who were to take alcohol in this form for its therapeutical benefits, and what the Examiner related in regard to Irish whisky has exactly the same force in relation to our native beverage. Genuine whisky is the product of the distillation of several grains—barley, rye, Indian corn, etc.—either singly or mixed in varied proportions. Originally it contains besides its alcoholic basis a mixture of *fusel oil*, which takes its character from the particular grain distilled. This at the outset is rank, and perhaps poisonous, but with advancing age it breaks into fragrant ethers, which give flavor and smell to the liquor in which it is contained. No process of art can force the changes in the fusel oil into a much more limited space of time than nature has demanded. In two years whisky is drinkable, but its better qualities are not developed under five years, and it continues to improve if kept in wood so that the air may come in contact with it, for a much longer period. And just as the proper whisky can not be had without age, so no amount of time can change a distillation which was originally bad into liquor which is good. The grain from which it is made must be good grain, in which consists the honesty of the manufacturer; it must be treated in a certain manner, in which his skill is shown.

Spurious whisky is obtained in a number of different ways. The alcoholic basis may be had from the distillation of spoiled or inferior grain, rotten potatoes, and other decaying vegetable matter. Such a product, to be sure, is not likely to go on the market in its original state as a drinkable liquor. For this purpose it must undergo further processes. It may be rectified, as it is called, passed through charcoal, or redistilled, and its foreign ingredients left behind. It comes out as rectified or cologne spirits, and is then pure. But it is not whisky, nor is it drinkable in this state. More than this, a score of years will not change it in this respect. It starts as cologne spirits, raw and fiery, and continues so as long as any remains. To change it into an imitation of whisky it must be mixed with a certain proportion of the genuine article, or various compounds are added, some secret, some known to the trade at large, as burnt sugars, prune-juice, various essences, tobacco, creosote, strychnine, and what not.

These delectable substances not only possess the power of transmuting the cologne spirit into *whisky* of any age, but in skillful hands, change it into three fourths of the French brandies, Holland gins, etc. which flood our markets, and with which the palates of our sick are tickled and their flagging strength sustained.

Chemistry is not always able to detect the genuine from the spurious whisky. Spirits may indeed be chemically pure, and yet not drinkable. So that as a general thing published analysis of this or that brand of whisky ought to carry with them little or no authority. As the Medical Examiner puts it, the test is only to be perfectly made by the taste and smell. "Genuine whisky diluted with twice or thrice its bulk of cold water gives off a delicate and subtle perfume, which is highly characteristic, and like genuine wine imparts both to smell and taste the impression of unity or oneness. Imitation whisky similarly treated gives off five or six coarse, nasty smells which struggle with each other for preëminence until that of rectified spirits finally gains the day, and it tastes like what it is, a discordant mixture of ill-assorted flavors."

With such different histories as these it can be easily imagined what must be the different effect on the economy after drinking genuine or spurious whisky. The genuine, after it has reached a proper age, is not only soft in its taste, but is easily assimilated and takes rank as a wholesome food. The

spurious, whatever age it may have reached, is to a variable extent poisonous. Even in their stimulant qualities they vary. With one it is possible, after liberal potations, that "the morning's reflections may not regret the evening's performances," and that breakfast may be reached with a clear head, and received into a steady stomach. From the other spring the hot skin and feverish pulse, the angry heart, the thumping brain, the gagging throat, and the intense regret over the unreturning past. If this be true with the libations of whisky taken by the robust for their pleasure, of what importance must our choice be in selecting a beverage from this species of alcoholic compounds for the sick.

It has been in the last two or three decades only that Kentucky whisky has been sought after to any great degree by the connoisseurs in the Northern or Eastern States, but the demand for it has steadily grown all over the Union during the period named. In the South it with similar brands is nearly the only kind of whisky that is sold. Within the borders of Kentucky the excellence of the native beverage has been known almost ever since the State began, and there is no jury like a home jury in matters of this sort. When a distinguished member of our profession from this State was attending the American Medical Association at its meeting in San Francisco, he was asked in the Pacific Club what he would have to drink. He answered, "Some California brandy." He was informed that it was not in the house, but that the steward would obtain it for him. "Never mind," said the wise doctor; "if the inhabitants don't drink it I don't want it."

Kentucky whisky, or Bourbon whisky, as it is called from the name of the county which originally produced the best quality, is made from Indian corn, mixed in varying proportions with the smaller grains. While these are indigenous over almost the entire Union, peculiarity in soil, climate, and water (which is "limestone") give a character to the Kentucky distillations which can not be exactly imitated in any other of the States. Whiskies, indeed, made upon opposite banks of the Ohio by the same process vary essentially in taste.

The whisky which originally gave reputation to Kentucky manufactures was generally made in small quantities by apparently very rude methods. Often the distillery was one of the sources of profit of the farm, and supplied perhaps the neighborhood only.

The ruins of these still-houses are seen scattered over the State. There was no attempt at adulteration, as the price, even for the best when new, seldom exceeded twenty-five cents per gallon. The machinery was exceedingly simple. The mash was placed in a common pot still, to which the worm of ancient pattern was attached, and heated by wood fires. These are important items in the history of whisky manufacture; for while modern machinery has improved to such an extent the facility of distilling grain, new inventions have not succeeded in reaching the former excellence of the whisky produced. Indeed, one of the great sources of deterioration has arisen from patent stills, steam heating, etc., which, while they have quadrupled the quantity made in a certain time, do not produce the fusel oils in the proper proportions obtained by the old methods.

With the war came the tax upon distilleries, and the government officers to watch the manufacture and to collect the revenue. Then of course all the neighborhood stills stopped, except such only as were run by the light of the moon. Large capital was required to manufacture whisky, and the distilleries shrank in number and increased in size. Of course with these changes good whiskies steadily became scarcer. With a tax on them which exceeded ten times the amount the liquor originally cost, it was impossible to keep them off the market long enough for them to obtain the proper age. A thousand barrels of whisky just from the still represented a hundred thousand dollars; and independent of increasing demand, with increasing population, and a preference for strong and fiery whiskies by the majority of drinkers, who drank for intoxicating effects, few dealers could afford to hold much of such stock, with accumulating interest, storage, and insurance, losing, as it did, in bulk every day from evaporation, for the years to roll around which were necessary to give it excellence. And so the difficulty continues up to this time in varying degree, and new whiskies only, as a rule, are on the market. *Ante-bellum* whisky is a curiosity, and whisky of ten or fifteen years of age, from all the reputable manufacturers, sells for a tremendous price. Of course, with the increased price came the temptation for adulteration and compounding of liquors, and so genuine and good whiskies became more and more difficult to obtain. To such a pass indeed have matters come that while fair whisky may be obtained almost anywhere

in Kentucky, the very best is only to be got by those having special knowledge of its whereabouts. This condition of affairs, by the way, is not peculiar to this locality; for it is said that in the brandy districts of France the best of brandy is only to be had by the initiated; the majority of French brandy (even when not made in America) being only the inferior article which makes up the bulk of what is shipped to this country and sold for its name at such a high price.

It happens now that the difficulty of obtaining pure Bourbon whisky, properly aged, is about to be done away with in what we think a very practical manner.

The Newcomb-Buchanan Company distillery at Louisville is the largest distilling company of straight whiskies in the Union. Their rank in the United States is similar to that of the four great Dublin firms which gave the name and fame to Irish whisky. In 1873, in view of the fact that the genuine and old Bourbon whiskies were being so rapidly exhausted, they erected as a business venture an additional distillery, known as the Anderson Distillery Company, on a large scale, and put into it the best machinery their large knowledge could dictate and their immense capital command. They constructed the original old-fashioned copper stills of former days, and in them they manufactured, from sour mash by open fires as of old, the Bourbon whisky of former days. This they have stored to obtain age, supplying the demand for new whisky from their other distilleries. The earlier crops of these whiskies are now sufficiently old to obtain a proper excellence, and the best judges in Kentucky have declared that they are fully up to the standard of the best Bourbon of equal years. Acting upon the advice of medical friends, the company have determined to offer these whiskies through the medical profession, and in such a way as to insure consumers that they have not been adulterated after leaving their hands. They will be bottled and sold in cases. Each bottle will be protected and sealed with the trade-mark of the company, which mark will be a guarantee that the whisky contained in the package is old-fashioned, hand-made sour-mash, fire-distilled whisky of the Anderson Distillery Company, and not less than five years of age when corked.

Knowing the high character and standing of the Newcomb-Buchanan Company, we can testify to the good faith with which it will perform its promises. As the com-



pany has unlimited facilities for introducing their manufactures throughout the United States, there will soon be no community which can not command genuine and old Bourbon whisky, and this, too, at a moderate cost; for the company proposes to get very little more profit for the bottled whisky than for the same when sold in quantity. Retail dealers may sell it at the same cost or at a very little advance upon that which they have demanded for inferior articles.

We trust good will spring from this move of the Newcomb-Buchanan Company, and that the day is not far off when their guaranteed brand (or that of other equally good Bourbon distillers) will take the place of much of the liquor which goes by the name of whisky in our pharmacies. Certainly it needs but an acquaintance to make its way.

### Miscellany.

"FORT MIT DEM SPRAY!"—Fort mit dem Spray!—Away with the Spray!—is the title of an interesting clinical lecture by Professor Victor von Bruns, of Tübingen (*Med. Times and Gazette*). There are now many earnest believers in so-called antiseptic surgery—that is, Listerism—who are beginning to ask whether the spray is really a necessary part of a thoroughly antiseptic system of dressing wounds. There can be little doubt that most surgeons would gladly dispense with it if it could be shown to be superfluous, for it materially interferes with their personal comfort, as well as that of any lookers on; then again the steam spray-producers are articles of considerable cost, not only to purchase at the outset, but to keep in efficient working order afterward. Nor are they entirely free from the danger attending all other steam-engines; and, lastly, they involve loss of time. Thus for many and varied reasons, though all of very secondary consideration, the suppression of the spray would be a gain, provided a thorough system of antiseptics could be secured without its help. Dr. von Bruns recognizes that the use of the spray as a necessary part of any complete system of antiseptic treatment of wounds is allowed by most operating surgeons, whether the spray be carbolic acid, thymol, or other substance; while some go so far as to consider that even a momentary intermittence during an operation is sufficient to nullify an otherwise accurate carrying out of the

plan. But he confesses that from the very commencement of the Listerian method he had always felt skeptical as to the value of and necessity for the carbolic spray, and it was only with reluctance he could decide on its systematic use at his operations. He was led, however, to adopt it by the desire to avoid unmerited reproaches for withholding from his clinic what is considered so important, rather than by any belief in the utility of the carbolic spray. On the contrary, his doubts as to the all-sufficiency of the spray had, in the course of time, gradually grown stronger, until, he says, as the result of careful study of the natural science of the subject—and more especially of the work of C. v. Nägeli, one of the best authorities in this matter—he had come to the conclusion that the employment and need of the spray during operations have not been sufficiently justified; and indeed that its use, from a theoretical view, must be considered as an unnecessary addition to the antiseptic treatment of wounds. "In proportion," he tells us, "as this idea gained upon me I endeavored by experience, and apart from all theory, to test the value or the worthlessness of the spray; and to this end, in the course of the year 1878, I performed a gradually increasing number of operations without the spray, which I published in 1879. Since this time, and especially since the spring of 1879, I have entirely banished the spray-producer from my wards, doing both my operations and dressings without it, and experience has confirmed my views entirely. The result of all published major operations, undertaken elsewhere *with* the spray, and here *without* it, not only as regards mortality, but also course and duration of the healing process, has proved more favorable in this than in any other hospital. The results are so substantial that they warrant the following assertion: 'The carbolic spray in surgical operations is not only useless and unnecessary, but also disagreeable and productive of interruption—it should therefore be abolished.'"

Von Bruns expresses a consciousness that the above assertion will at the present time be considered very heretical, and he reserves its complete substantiation for a new work on the antiseptic method as practiced in his wards, which will shortly appear. But he now presents the following brief statements, which he considers contain sufficient material proof of the correctness of the first part of the above dictum for his present purpose. For the second part of this dictum no espe-

cial proof will be necessary; for most surgeons who admit that the first part is proved will probably accept the second without further proof.

"Figures," Von Bruns says, "will be necessary to prove the correctness of my assertion that the spray can be safely left off. Therefore let the results of my clinical wards speak. They are large enough and extend over a sufficient length of time to allow even those who differ from me to accept them. I will only speak of osteotomies of the long bones, exarticulations, resections, and amputations. These operations not only form a well-defined group in themselves, and are every where carried out under the carbolic spray, but they constitute the class of cases which formerly contributed so large a proportion of the hospital mortality through the so-called wound-diseases—pyemia, septicemia, and erysipelas. I will just remark further, that *instead* of the spray I employ temporary irrigation—lasting a few seconds only—with a two-per-cent and a five-per-cent carbolic solution several times during any long operation, and at the termination of short operations. In addition to this I wash the whole wound-surface with the five-per-cent solution at the completion of the operation; and in the case of amputations, after the drainage-tubes are put in, I wash out the wound through the tubes, with the same solution if there should appear to be any bleeding. The same applies to the dressing of wounds after an operation—I simply use a two-per-cent solution for irrigation. In all other respects the antiseptic method is most carefully carried out."

He lays especial weight on changing the dressings as seldom as possible. Thus after amputation, for instance, the first change of dressing, as a rule, is made on the eighth to the twelfth day. In two cases of complete resection of the knee the first dressing was not changed for twenty-eight days, and in two others thirty days elapsed before changing dressing.

The following statistics are given in support of the opinion expressed: Forty-seven large amputations (limbs), including twelve of the thigh and fifteen small ones (fingers or toes)—in all sixty-two cases; ten osteotomies; twenty-six excisions of joints, including two hip-joints and twelve knees; thirteen resections in the continuity of bone; and thirty-three necrosis operations. Thus there were one hundred and forty-four operations involving bone. Not one of the cases had a fatal result. Many other minor operations

were performed in the wards during the same period, but they are not included. Total number of patients in the wards during this period was one thousand one hundred and seventy-five, and the total mortality from all causes was only thirty-six, which gives about three per cent. There was not a single death from pyemia or septicemia or erysipelas.

These figures certainly ought to be considered sufficient to prove that the spray is not always necessary either during an operation or the after-dressings which it may necessitate. "For myself at least," says the learned professor, "and I hope for every one who is not prejudiced, in view of the above facts, there can be no doubt of the inutility of the spray, and I consider myself fully justified in using the dictum at the heading of this lecture—'Fort mit dem Spray!'"

## Selections.

**Notes on Theories of Fever entertained by certain of the older Authorities.**—Conclusions by Surgeon-general C. A. Gordon, M. D., C. B., Q. H. P., in Medical Times and Gazette:

1. In 1751 the expression typhous (typhoid) was used to indicate a *condition* occurring in the course of fever, not as indicating a distinct species or form.
2. In 1790 the occurrence of *local affections* in the course of fever were looked upon as *complications* of the general disease, not as primarily constituting the *essence* of it.
3. At that time the sum of "local or endemic influences" was designated *sol lunar* influences.
4. In 1791 objections were raised against the system then in favor of dividing fever into a great many varieties.
5. In that year the occurrence epidemically of fever and dysentery in Bengal was attributed to *marsh effluvia*, or, in other words, *malaria*.
6. Also that cinchona bark and wine were unsuited in the treatment of many such cases.
7. And that *hepatitis* occurred in the tropics in connection with "marsh effluvia."
8. The occurrence of malarial diseases upon soils and at elevations "remote from marshy exhalations" was at the same time recorded.
9. The occurrence of *typhus* within the tropics was then acknowledged. It was considered to occur both as an independent disease and as a complication of *endemic pestilential fever*.
10. In 1792 a record occurs of fever in India in which change of type took place from *inflammatory* to *typhus* with flux (hemorrhagic dysentery?).
11. Early in the present century the occurrence of tropical endemic fevers under *typhus guise* was noticed.
12. Between "synocha" and typhus accurate limits could not be placed.
13. In 1823 the occurrence of tympanites, petech-

ial spots, and hemorrhages in the course of intermittent fever was recorded.

14. In that year the contagiousness of *marsh* fever was admitted.

15. Also that the "influential contingencies" to which *febrile miasm* becomes subjected affect the manner and intensity of its operation.

16. That in "a high tonic habit" the form of fever is more likely to be inflammatory; a "debilitated constitution gives a typhous complexion to the disease from the first."

17. In 1829 the occurrence of intestinal lesions in certain forms of fever was so definitely ascertained as to "leave no doubt on this point." The question as to whether these of themselves constituted a special form of fever was then energetically discussed.

18. The occurrence of idiopathic fever in, after long intervals of complete absence from, particular localities was observed.

19. In relation to that circumstance the action of a *malaria* in their causation was assumed.

20. At the same time three varieties of typhoid fevers—that is, of fever with *typhoid* symptoms—were described; but in none of these could post-mortem appearances be altogether held explanatory of their phenomena.

21. In 1833 a distinct definition was given of the significance assigned to the word *typhoid*; namely, as indicating a *condition*.

22. The relation of intestinal and other local affections in relation to fever was most carefully and fully discussed, the conclusion arrived at being that all such "must be held to denote varieties in the remote cause of the disease," "that all the continued fevers of this climate must be regarded as fundamentally the same disease."

23. So far from it being considered that tropical fever assimilated to or was identical with that of Britain, it was at the above date considered "doubtful whether in the tropics the continued fever of this climate really exists."

24. The greater liability of young persons than old to suffer from "contagious febrile diseases" was noticed.

25. The influence of season on the occurrence and phenomena of fever was stated.

26. And lastly, the important observation was made that a pernicious type may be given to a case of fever as a result of inappropriate treatment.

**Paris.**—From the Correspondent of London *Lancet*: A fact of great importance, and which had been discovered accidentally, was related by Dr. Brown-Séquard at a recent meeting of the Société de Biologie. Intending to kill a guinea-pig, the subject of previous experiment, the animal was placed under a glass globe with a certain quantity of ether. Anesthesia progressing but slowly, some chloroform was poured on a sponge, which was inserted in the summit of the globe in such a position that some drops fell between the guinea-pig's neck and shoulder—that is to say, upon the epileptogenic region, when an attack of epilepsy immediately took place. The experiment which had thus been accidentally suggested was repeated a large number of times, and it was found that no longer epilepsy but a deep anesthesia followed the application of chloroform. The same thing was afterward observed in cats, dogs, and rabbits. As the anesthesia passes off the animal gives evidence of returning nervous and muscular sensibility; there are tremors in the four limbs. Then it tries to get up,

but presents either hemiplegic or paraplegic symptoms, such as were noticed before anesthesia took place; occasionally there is delirium, and when consciousness has returned there is a considerable degree of hyperesthesia, and may be inflammation of the skin if the dose of chloroform has been strong. When the experiment ends fatally, death may occur either suddenly or less quickly. In this case a series of symptoms—such as convulsions, epileptiform attacks, diminution of reflex action on the side of the application, in the cat myosis, and mydriasis in the dog—precede the slowing of the respiration, which sometimes appears to be superior thoracic, the diaphragm being paralyzed, or contracting only on one side. Finally, the temperature falls and the animal dies suddenly and without convulsions from syncope. Electric exploration shows that nervous excitability is strangely modified. A weak galvanic current calls forth a response, and this excitability often lasts four times longer than after other modes of death. In two dogs, and in several guinea-pigs, the phrenic nerve on one side was found to have entirely lost its excitability, and the corresponding half of the diaphragm was less irritable than the other—this on the opposite side to the application of chloroform. Dr. Brown-Séquard explains these phenomena by the theory of inhibition, arrest of function by distant nerve-action, and particularly by that inhibition which he has described as the *arrêt des échanges*. The experiments carried on at the Collège de France will give an additional interest to the lectures which commence, as usual, about this time.

**Cholera of Fowls.**—Translated from *L'Union Médicale*, by A. H. Jacob, M.D., F.R.C.S.I. (Med. Press and Circular:

At a recent meeting of the French Academy M. Pasteur read a very important paper on this subject. The author reminded his hearers that in the communication which he made to the Academy in February last he announced, among other results, that cholera among fowls was produced by a microscopic parasite; secondly, that there exists diluted virus in this malady; finally, that one or more inoculations of this diluted virus preserves these animals from the dangerous effects of a further inoculation; and, in a word, they may be vaccinated with it—so to speak.

This fact being admitted, M. Pasteur stated, on the faith of many experiments, that the effects of vaccination are variable in chickens; certain of them offer resistance to a very virulent poison in consequence of a simple preventive inoculation of the diluted virus, but others require two preventive inoculations, or even three; and that in all cases every preventive inoculation has its own action, because it always comes first, to a certain extent. In a word, we can vaccinate in all degrees, and that it is always possible to vaccinate in a complete manner, so as to prevent the chicken from receiving any of the effects of the most virulent poisons.

M. Pasteur, in his experiments, took eighty young chickens, including some which had never had the malady either spontaneously or by infection. Into about twenty of them he inoculated the most poisonous virus; these twenty died. From the sixty which remained he separated twenty more, and inoculated them with a single puncture made with the most diluted virus which he had been able to obtain; none of them died. Were they vaccinated with very poisonous material? Yes; but only a certain number of

them. In fact if on the twenty fowls he practiced the inoculation of the most virulent venom—six or eight for example—all being ill did not die, contrary to that which has taken place in the twenty young chickens, of which one hundred per cent died. He again separated from the first lot twenty new fowls, which he vaccinated by two punctures successively after an interval of seven or eight days. Were they vaccinated with very virulent virus? In order to discover this he reinoculated the virus. This time a contrary effect to that of the second experiment ensued; it was not six or eight fowls which recovered, but twelve or fifteen. Lastly, he separated again twenty chickens from the first lot and vaccinated them successively by diluted virus, not once, but three or four times; the mortality by this inoculation of the virulent virus, even the disease itself, disappearing altogether. In the last case the animals were brought to the condition of those which never were attacked by cholera.

As to the cause of this non-receptivity one can not get rid of the idea that the germ—origin of the malady—finds in the body of the animal a fitting soil for growth, and in order to fulfill the requirements of its own life it alters or decomposes certain matters, whether it elaborates them for its own uses or burns them by oxygen which it borrows from the blood.

When complete exemption is obtained we can inoculate the most poisonous germ into any of the muscles without producing the least effect; that is to say, all germination becomes impossible in these muscles—they no longer contain food for the germ.

M. Pasteur varied his experiments somewhat by injecting the deadly virus into the vascular system, even making it penetrate to the digestive organs; the non-inoculated fowls succumbed, while the vaccinated chickens recovered. M. Pasteur, in recapitulating these results, says, "It is the life of a parasite in the interior of the body which determines that illness of fowls commonly called cholera which produces death. From the moment cultivation ceases to be possible in the chicken the disease does not appear. Fowls are then in constitution like animals which the cholera never attacks. These last animals are as if they were vaccinated from their birth for this malady, because the fatal evolution has never introduced into their body the food for the life of the germ, or else the nutritive matter for its life has disappeared in youth.

**Hydrorrhea Gravidarum.**—M. Stapfer, in a *Thèse de Paris*, has laboriously collected the materials that exist for arriving at some knowledge of this obscure subject (*Med. Times and Gazette*). The multitude of synonyms under which the symptoms have been described—dropsy of the womb, dropsy of the membranes, premature and spontaneous rupture of the membranes, false waters, metrorrhœa—indicate the different opinions that have been held. The name hydrorrhea, M. Stapfer thinks, has been given to watery discharges resulting either from premature rupture of the membranes, from transudation of amniotic fluid, from rupture of a supernumerary ovum, from rupture of a cyst, from exudation from the uterine wall, from the decidua, the chorion, the amnion, the vessels or glands of the neck and body of the uterus. In the presence of such confusion, he thinks it impossible yet to frame a definition of the disease. From the evidence before him he comes to the following conclusions: The hydrorrhea which appears in the early months of pregnancy, and which is the

exception, seems only explicable by supposing the existence of a "*hydroperitone*" between the decidua vera and decidua reflexa. That which comes on in the latter months results from a collection of fluid outside, or perhaps within, the chorion. This view Guillemeau and Mauriceau had been led to take by reasoning; it has been verified post mortem by Duclos. But it may possibly not hold good of every case. As to the origin of this fluid he can offer no hypothesis. The practical conclusions which he submits are the following: He thinks *metrorrhœa* (a word proposed by Chassinant) a better name than *hydrorrhea*, because it indicates that the phenomenon has nothing in common with the escape of the liquor amnii resulting from a premature rupture of the membranes. There are, perhaps, two forms of the disease—the one traumatic, the other catarrhal. It is very rare, and varies much in its clinical history. It is rarer the further the pregnancy is from term; but it has been observed as early as the fifth week. As a rule it interferes neither with the course of the pregnancy nor the development of the fetus; but it may lead to abortion or to premature labor.

#### **Treatment of Membranous Sore Throat.**

At a recent meeting of the Academy of Medicine of Paris Dr. Viard made a communication on this subject. He considers that membranous sore throat is primarily a local affection, which does not become general for five or six days; during the first period the diphtheria may be cured by cauterization (*Medical Press and Circular*). During the last eighteen months he has had twenty-six cures out of twenty-eight cases. Wrapping his finger in a rough cloth he removes the false membrane, leaving in its place a bleeding surface; then he cauterizes with nitrate of silver; four or five such cauterizations neutralize the diphtheritic poison. General tonic treatment is employed at the same time.

#### **Pathognomonic Sign of Fracture of the Neck of the Femur.**

—Dr. Bezzi draws attention, in *Lo Spallanzani*, to a sign which is pathognomonic of fracture of the neck of the femur, but which is not generally known (*Buffalo Med. and Surg. Journal*). In examining the space between the trochanter and the crista ilii, it will be found that while, on the sound side, the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well marked depression, a flaccidity and diminution of tension, from displacement upward of their points of insertion.

#### **Esophagism.**

—Dr. Eloy concludes (*Gaz. Hebdomadaire*) an elaborate paper on Esophagism in these terms: As a result of the consideration of all the cases which we have cited, we come to the conclusion that the most efficacious means for combating this affection, when existing independently of all functional disturbance—that is, esophagism from a nervous cause, whether local or general, are the employment of catheterism (with or without dilatation) as a mechanical agent, the hypodermic injection of morphia as an analgesic, and the bromide of potassium (either by the mouth or as an enema) as a moderator of the reflex power. Moreover, this last agent will facilitate catheterism, by imparting a greater toleration of the mucous membrane to the contact of instruments." *Med. Times and Gazette*.